Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Provider Enrollment and Change Process Required Document Checklist

Provider Classification	*To avoid processing delays…gather these items before you get started. If applying to network, complete the application signature document for each network.*
Ambulance, Air and/or Ground	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Michigan license as a Life Support Agency (ground and air) • Federal Aviation Association (FAA) 135 Certificate (air only) • Type 2 National Provider Identifier • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Ambulatory Surgical Facility	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 2 National Provider Identifier • Medicare Approval Letter • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Anesthesia Assistant	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s)
Audiologist	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • State of Michigan professional license number • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9-s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Board Certified Behavior Analyst	• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • Behavior Analyst Board Certification • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Certified Nurse Midwife	• New Allied Practitioner Enrollment Form -or- Allied Provider Change Form • State of Michigan professional license number

	• Certification from the American College of Certified Nurse Midwives (ACCNM) with effective an expiration dates • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCB) • **For CNMs performing deliveries, the following are also required:** – Written confirmation of established privileges with hospital(s) and/or has hospital-affiliated birthing centers • Written confirmation of an established, interdependent relationship for medical consultation/collaboration or referral to an OB/GYN - refer to Addendum B, Qualification Standards in CNM Provider Participation Agreement

Certified Nurse Practitioner	• New Allied Practitioner Enrollment for -or- Allied Practitioner Change Form
	• State of Michigan professional license number
	• Certification from one of the following national entities with effective and expiration dates:
	  – American Nurse Credentialing Center (ANCC)
	  – National Certification Corporation for the Obstetric/Gynecology and Neonatal Specialties
	  – National Certification Board of Pediatric Nurse Practitioners and Nurses
	  – Nurse Practitioner Program of the United States Department of Health and Human Services
	  – The Oncology Nursing Certification Program
	• Type 1 National Provider Identifier
	• Social Security Number
	• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
	• CAQH Number (if available)

Certified Registered Nurse Anesthetist	• New Allied Practitioner Enrollment Form -or- Allied Provider Change Form • National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) or, • Certification from the Council on Certification of Nurse Anesthetists or, • Certification from the Council on Recertification of Nurse Anesthetists • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Chiropractor	• New Practitioner Enrollment Form -or- Allied practitioner Change Form • State of Michigan professional license

	• Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Clinical Independent Laboratory	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Clinical Laboratory Improvement Amendments (CLIA) Certificate • Type 2 National Provider Identifier • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Certified Nurse Specialist	• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Dentist	• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Dietician	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type1 National Provider Identifier • Medicare Approval Letter • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Doctor of Medicine	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)

Doctor of Osteopathy	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Durable Medical Equipment Supplier	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Medicare Approval Letter • Type 2 National Provider Identifier • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM.BCN does not accept W-9s)

Freestanding Radiology Center	New Allied Provider Enrollment Form -or- Allied Provider Change Form
	• Liability/Malpractice Insurance verification (for BCN, BCNA BCC networks)
	• Accreditation Certificate from one of the following:
	  • American College of Radiology or,
	  • Intersocietal Accreditation Commission or,
	  • The Joint Commission
	• Certificate of Need for PET, MRI and Megavoltage Radiation Therapy
	• Medicare Approval Letter as an independent diagnostic testing facility or,
	  a Medicare Approval Letter as a radiology physician practice matching primary practice location
	• Primary practice location in Michigan
	• Identified owner of Facility
	• Staff Roster (complete list) with Medical Director
	• Type 2 National Provider Identifier
	• Social Security Number
	• Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)

Hearing Aid Dealer	• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Independent Diagnostic Testing Facility	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 2 National Provider Identifier • Medicare Approval Letter • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)

Independent Occupational Therapist	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available) • Medicare Approval Letter
Independent Physical Therapist	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available) • Medicare Approval Letter
Independent Speech Language Pathologist	• New Allied Practitioner Enrollment Form -or- Allied Practitioner Change Form • State of Michigan professional license, if available • Certificate of Clinical Competence from the American Speech-Language Hearing Association • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available) • Medicare Approval Letter

Licensed Master of Social Worker	• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Opthalmologist	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Optician/Optical Supplier	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 2 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Optometrist	• New Allied Practitioner Form -or- Allied Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Oral Surgeon (board certified medical-surgical only)	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Healthcare Quality (CAQH) number (if available)
Physician Assistant	• New Allied Practitioner Enrollment Form -or- Allied Practitioner Form • BCBSM Physician Assistant Supervising Physician/Employer Certification Form • Type 1 National Provider Identifier • Social Security Number
Physiological Laboratory	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 2 National Provider Identifier • Tax Identification Number and Internal Revenue Service document

	identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Medicare Approval Letter
Podiatrist	• New Practitioner Enrollment Form -or- Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Professional Group Practice	• New Group Enrollment Form -or- Group Change Form • Type 2 National Provider Identifier • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Medicare Approval Letter
Prosthetic and Orthotic Suppliers	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Medicare Approval Letter • Type1 National Provider Identifier (for individually certified suppliers) • Type 2 National Provider Identifier (for organizationally certified suppliers) • Social Security Number (for individually certified suppliers) • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) Valid certification for Prosthetic and Orthotic Checklist: • Accreditation Commission for Health Care INC • American Board of Certification in Orthotics & Prosthetics • Board of Certification/Accreditation International • Commission of Accreditation of Rehabilitation Facilities • Community Health Accreditation Program • Health Care Quality Association on Accreditation • National Association of Boards of Pharmacy • The Compliance Team, Inc. • The Joint Commission • The National Board of Accreditation for Orthotic
Psychiatrist	• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form • State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Psychologist (fully licensed)	• New Mental Health Practitioner Enrollment Form -or- Mental Health Practitioner Change Form

	• State of Michigan professional license • Type 1 National Provider Identifier • Social Security Number • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) • Council for Affordable Quality Healthcare (CAQH) number (if available)
Urgent Care Center	• New Allied Provider Enrollment Form -or- Allied Provider Change Form • Type 2 National Provider Identifier • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)
Vaccine Pharmacy	• New Provider Enrollment Form -or- Provider Change Form • Type 2 National Provider Identifier • Copy of BCBSM Pharmacy Network Administration Approval Letter (contact pharmacynetworkadmin@bcbsm.com to obtain approval letter) • Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)